

Medicaid Expansion 2014

Effective January 1, 2014, Medicaid will be expanded to include individuals between the ages of 19 up to 65 with income up to 138% FPL based on Modified Adjusted Gross Income (MAGI). The expansion also moves children, pregnant women and adults with dependent children to the new MAGI methodology.

Below is a broad overview of changes to be implemented under the Affordable Care Act in 2014:

WHO IS ELIGIBLE FOR MEDICAID/CHIP	
CURRENT	JANUARY 2014
<p>Today there are approximately 1.2 million individuals receiving benefits under Medicaid. This includes the following groups:</p> <ul style="list-style-type: none"> • Pregnant Women, Children & Families • Aged, Blind or Disabled individuals and those receiving Medicare Savings Program • All other: Breast & Cervical Cancer Treatment (BCCTP), Alien Emergency Medical (AEM), Medical Care Services and Take Charge 	<p>In addition to the current Medicaid caseload - beginning in January 2014, the “newly eligible” adult group will be added to Medicaid which includes:</p> <ul style="list-style-type: none"> • Adults between the ages of 19 up to 65 previously not eligible for Medicaid • Anticipated enrollment in the first years: <ul style="list-style-type: none"> ○ 78,000 “Welcome Mat” individuals who are currently eligible, yet not enrolled ○ 250,000 “Newly Eligible” Adults
WHERE MEDICAID ELIGIBILITY IS DETERMINED	
CURRENT	JANUARY 2014
<p>Eligibility for medical benefits is currently determined by medical assistance and financial staff as follows:</p> <p><u>ADSA</u></p> <ul style="list-style-type: none"> • Aged, Blind or Disabled and Long-Term Care • Waivered Services <p><u>ESA</u></p> <ul style="list-style-type: none"> • Children, Pregnant Women & Families • Some Long-Term Care and Aged, Blind or Disabled • Some Specialty Medical Programs – HWD and AEM <p><u>HCA</u></p> <ul style="list-style-type: none"> • BCCTP and Take Charge • Foster Care, Children’s Medical and CHIP 	<p>In 2014, medical coverage will be separated in to two groups:</p> <ul style="list-style-type: none"> • MAGI Methodology (HCA) • Classic Medicaid (DSHS) <p><u>MAGI Methodology</u> Applications/renewals for pregnant women, children, families and the “newly eligible” adult group will be processed through the Exchange web portal. Eligibility will be determined through an automated data-match process.</p> <p><u>“Classic Medicaid”</u> Eligibility for aged, blind or disabled individuals, foster care children and SSI recipients will continue to be processed as it is today.</p>

WHAT SYSTEMS WILL DETERMINE ELIGIBILITY	
CURRENT	JANUARY 2014
<p>Medical eligibility is currently determined through:</p> <ul style="list-style-type: none"> • ACES eligibility system • Washington Connection application web portal 	<p>Health Benefit Exchange web portal:</p> <ul style="list-style-type: none"> • Creation of a new online application system for healthcare coverage • Includes a new rules engine for Medical • For individuals between 0% - 400% FPL
HOW MEDICAID ELIGIBILITY IS ESTABLISHED	
CURRENT	JANUARY 2014
<p>Medical eligibility is determined by financial staff through a stringent income & resource verification process as follows:</p> <ul style="list-style-type: none"> • Income verification for applications and renewals is required. If verification is not available, staff must pend the case for verification before finalizing the eligibility determination. • Resource limits required for all programs (except Pregnancy/Children) • Multiple income disregards based on medical program • Eligibility information is entered by financial staff and processed through ACES 	<p>MAGI households will have eligibility determined as follows:</p> <ul style="list-style-type: none"> • Income and household eligibility will mirror federal tax filing rules • Income verification through automated data-match • Acceptance of “self-attestation” when income cannot be verified through automated data-match • One 5% income disregard for all programs • No resource/asset limits • Information is entered by the applicant in to the Exchange web portal for an eligibility determination
HOW ELIGIBILITY QUALITY ASSURANCE IS MAINTAINED	
CURRENT	JANUARY 2014
<p>Today income must be manually verified by financial staff prior to completion of:</p> <ul style="list-style-type: none"> • Application • Renewal • Change of Circumstances <p>Medicaid overpayments are only established when involving criminal prosecution.</p>	<p>HCA will manage a strong “post-Medicaid” eligibility data matching and review process.</p> <p>Verification of income will only be required of households when:</p> <ul style="list-style-type: none"> • “Self-attestation” is not reasonably compatible with automated data-match; or • No automated data-match is available